

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Paul C. Tang et al
Serial No.: 09/524,826
Filed: 03/14/2000
Title: ELECTRONIC MEDICAL RECORDS SYSTEM WITH ACTIVE CLINICAL
GUIDELINES
Art Unit: 3626
Examiner: Russell Glass
File No.: 310265.90261

APPEAL BRIEF

Mail Stop Appeal Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Appellant, having filed a timely Notice of Appeal of a Final Office Action in the above-identified patent application, hereby submits this Appeal Brief in support of patentability.

I. REAL PARTY IN INTEREST

The present application is assigned to Epic Systems Corporation as evidenced by the assignment filed with the USPTO on June 30, 2000, which was recorded July 6, 2000 at Reel/Frame 010962/0113.

II. RELATED APPEALS AND INTERFERENCES

There are no related appeals or interferences.

III. STATUS OF CLAIMS

Claims 1-5 and 14-20 are pending in the present application and have been finally rejected under 35 U.S.C. §103(a). The rejections of each of claims 1-5 and 14-20 are being appealed.

IV. STATUS OF AMENDMENTS

No amendments were filed after the final rejection.

V. SUMMARY OF CLAIMED SUBJECT MATTER

Each of independent claims 1, 14, 17, 19 and 20 is directed to a medical order generating method that uses information stored in active guideline tags to generate medical orders in a simplified fashion (see page 3, lines 2-5, page 5, lines 1-3, page 6, line 33 through page 7, line 5 and page 7, lines 19-22). Each active guideline tag includes information required to generate a specific medical order (e.g., a prescription, to order a test or a procedure, to order a follow up visit), information for generating a hyperlink and a command that causes an order to be generated. When a physician uses a web browser (see 22 in Fig. 1 and page 6, line 18) to access clinical practice guidelines, for at least some guidelines, hyperlinks associated with active guideline tags may be presented (see page 5, lines 33-35 and page 8, lines 14-19) that, when selected by the physician, are recognized by a URL router (see 24 in Fig. 1) as hyperlinks associated with guideline tags (as opposed to traditional URL based hyperlinks associated with other browser pages to be displayed) (see page 6, lines 19-28). The URL router creates an action item to be sent to a medical or patient records system which uses the information in the tag (i.e., in the tag associated with the selected hyperlink) to create an order corresponding to the selected guideline (see page 6, lines 26-28).

Consistent with the above comments, the claim 1 method includes the steps of, on an active guidelines server (see 12 in Fig. 1), maintaining the clinical guidelines and also maintaining, associated with the clinical guidelines, active guideline tags containing information usable by the computerized patient records system to generate orders (see page 5, lines 1-3; page 6, line 33 through page 7, line 5 and page 7, lines 19-22) and, at the station of a user (see 16 in Fig. 1 and page 5, lines 9-11), operating an active guidelines viewer (see 18 in Fig. 1) in communication with the guidelines server, the active guidelines viewer including a web browser (see 22 in Fig. 1 and page 6, line 18),

an active guidelines interpreter (see 20 in Fig. 1) and a URL router (see 24 in Fig. 1). The method also includes the steps of, the active guidelines interpreter receiving the active guidelines tags and converting the active guidelines tags into hyperlinks (see page 5, lines 18-21) and passing the hyperlinks to the web browser, the web browser receiving and displaying the hyperlink from the active guidelines interpreter for the user representing the active guideline (see page 5, lines 21-23). When the user selects a clinical guideline by invoking a hyperlink, the URL router receiving the active guideline tag associated with the invoked hyperlink and creating an action item from the active guideline tag to be sent to the computerized patient records system for implementation, the action item being processed by the computerized patient record system to create an order (see page 6, lines 17-28).

The claim 14 method requires the steps of providing an active guidelines server (see 12 in Fig. 1), the active guidelines server maintaining a set of clinical guidelines and a set of active guidelines tags, each of the active guidelines tags being associated with at least one of the clinical guidelines and including information usable by the records system to generate orders (see page 5, lines 1-3, page 6, line 33 through page 7, line 5 and page 7, lines 19-22) and providing a workstation (see 16 in Fig. 1 and page 5, lines 9-11) at the location of a clinician, the workstation operating an active guidelines viewer (see 18 in Fig. 1), the active guidelines viewer including a web browser (see 22 in Fig. 1 and page 6, line 18), an active guidelines interpreter (see 20 in Fig. 1) and a URL router (see 24 in Fig. 1). The method also includes the steps of, the active guidelines interpreter converting the active guidelines tags into a hyperlink (see page 5, lines 18-21), the web browser displaying for the clinician the hyperlink associated with the clinical guideline (see page 5, lines 21-23) and, when the clinician chooses a hyperlink presented by the web browser, the URL router receiving the active guideline tag associated with the chosen hyperlink and, if the chosen hyperlink is for an active guidelines order, sending a communication to the electronic medical records software system to cause an order to be entered (see page 6, lines 17-28).

The claim 17 method requires the steps of providing an active guidelines server (see 12 in Fig. 1), the active guidelines server maintaining a set of clinical guidelines and a set of active guidelines tags, each of the active guidelines tags being associated with at least one of the clinical guidelines and including information usable by an electronic medical records system to generate orders (see page 5, lines 1-3, page 6, line 33 through page 7, line 5 and page 7, lines 19-22), providing a workstation (see 16 in Fig. 1 and page 5, lines 9-11) at the location of a clinician, the workstation operating an active guidelines viewer (see 18 in Fig. 1), the active guidelines viewer including a web browser (see 22 in Fig. 1 and page 6, line 18), an active guidelines interpreter (see 20 in Fig. 1) and a URL router (see 24 in Fig. 1), the active guidelines interpreter and the URL router providing input to and monitoring output of the web browser, the active guidelines interpreter converting the active guidelines tags into a hyperlink (see page 5, lines 19-21) for the web browser, the web browser displaying for the clinician the hyperlink associated with the clinical guideline (see page 5, lines 21-23) and, when the clinician chooses a hyperlink presented by the web browser, the URL router receiving the active guideline tag associated with the chosen hyperlink and, if the chosen hyperlink is for an active guidelines order, sending a communication to the electronic medical records software system containing the stored order to cause an order to be entered (see page 6, lines 17-28).

The claim 19 method requires the steps of, on an active guidelines server (see 12 in Fig. 1), maintaining the clinical guidelines and also maintaining, associated with the clinical guidelines, active guideline tags containing information usable by the computerized patient records system to generate orders (see page 5, lines 1-3, page 6, line 33 through page 7, line 5 and page 7, lines 19-22), at the station of a user (see 16 in Fig. 1 and page 5, lines 9-11), operating an active guidelines viewer (see 18 in Fig. 1) in communication with the guidelines server, the active guidelines viewer including a web browser (see 22 in Fig. 1 and page 6, line 18), an active guidelines interpreter (see 20 in Fig. 1) and a URL router (see 24 in Fig. 1) and, the active guidelines interpreter receiving the active guidelines tags and converting the active guidelines tags into

hyperlinks (see page 5, lines 18-21) and passing the hyperlinks to the web browser, the web browser receiving and displaying the hyperlinks representing the active guidelines from the active guidelines interpreter for the user (see page 5, lines 21-23). When the user accepts a clinical guideline by invoking a hyperlink, the URL router receiving the active guideline tag associated with the invoked hyperlink and creating an action item from the active guideline tag to be sent to the computerized patient records system for implementation, the action item being processed by the computerized patient record system to create an order (see page 6, lines 17-28).

The claim 20 method requires the steps of providing an active guidelines server (see 12 in Fig. 1), the active guidelines server maintaining a set of clinical guidelines and a set of active guidelines tags, each of the active guidelines tags being associated with at least one of the clinical guidelines and including information usable by an electronic medical records system to generate orders (see page 5, lines 1-3, page 6, line 33 through page 7, line 5 and page 7, lines 19-22), providing a workstation (see 16 in Fig. 1 and page 5, lines 9-11) at the location of a clinician, the workstation operating an active guidelines viewer, the active guidelines viewer including a web browser (see 22 in Fig. 1 and page 6, line 18), an active guidelines interpreter (see 20 in Fig. 1) and a URL router (see 24 in Fig. 1) and the active guidelines interpreter and the URL router providing input to and monitoring output of the web browser, the active guidelines interpreter converting the active guidelines tags into a hyperlink for the web browser (see page 5, lines 19-21), the web browser displaying for the clinician the hyperlink associated with the clinical guideline (see page 5, lines 21-23). When the clinician chooses a hyperlink presented by the web browser, the URL router receiving the active guideline tag associated with the chosen hyperlink and, if the chosen hyperlink is for an active guidelines order, sending a communication to the electronic medical records software system containing the stored order to cause an order to be entered (see page 6, lines 17-28).

VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

In the final Office Action of December 19, 2006, claims 1, 3-5, 14 and 16-20 were rejected under 35 USC § 103(a) as being unpatentable over Gray (US patent No. 6,149,585) in view of Gralla (i.e., an article titled "How The Internet Works" - pages 145-157 and 166-169) and further in view of Coli (US patent No. 6,018,713).

Claims 2 and 15 were rejected under 35 USC § 103(a) as being unpatentable over Gray in view of Gralla and further in view of Coli and further in view of de la Huerga (US patent No. 6,408,330).

VII. ARGUMENT

Claims 1, 3-5, 14 and 16-20 were rejected under 35 USC § 103(a) as being unpatentable over Gray (US patent No. 6,149,585) in view of Gralla and further in view of Coli (US patent No. 6,018,713).

Regarding the rejections of independent claims 1, 14, 17, 19 and 20, Appellant respectfully disagrees with the asserted interpretation of the art and believes that the proffered rejection is improper. More specifically, the prior art cited in the final Office Action fails to teach or suggest all of the limitations in the independent claims. Hence, the rejection is improper and should be withdrawn.

The burden of establishing a *prima facie* case of obviousness falls on the Examiner. MPEP § 2142. To establish a *prima facie* case of obviousness, three basic criteria must be met. First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or to combine reference teachings. Second, there must be a reasonable expectation of success. Finally, the prior art reference (or references when combined) must teach or suggest all the claim limitations. (Emphasis added). MPEP § 2143.

In the case at hand, Appellant traverses the rejection of the independent claims for two reasons. First, none of the references teaches or suggests any type of pre-defined data construct (e.g., an active guideline tag in the claimed invention) that includes both (1) information used to generate a hyperlink and (2) information used to generate an order. Second, none of the references teaches or suggests a system that includes an interpreter in addition to a web browser.

With respect to the first distinction (i.e., that no reference teaches or suggests tags that include both (1) information used to generate a hyperlink and (2) information used to generate an order), in any medical order generating system, to generate an order several different types of information are required. For instance, in an exemplary case it may be that a specific order generating system requires between eight and fifteen different types of information to facilitate order generation, the number of required information types depending on the type of order being created.

The present inventors have recognized that information required to generate an order can be neatly packaged in tags associated with clinical guidelines where the information in the tag that is required to generate the order can be provided to an order generating system whenever an order is requested. Thus, for instance, where twelve different types of information are required by a records application program to generate an order of a specific type, all of the required information can be provided in a tag. According to the present invention, in addition to including information required to generate an order, an active guideline tag also includes information that can be used by an interpreter to generate a hyperlink or an acceptance indicator that is displayed for a browser user to view and, when the hyperlink is selected by the user, the URL intercepts the embedded/associated tag information, and the order information from the active guidelines tag is provided to an accumulator (e.g., a queue) for processing by the records application program to generate a suitable order (e.g., see the exemplary tags in the present specification at the bottom of page 7 and on page 8 that include several different types of information required to generate orders of different types).

It should be clear that Appellant is not claiming to have invented standard HTML tags, but is, instead, claiming a system that uses dual purpose pre-defined tags that can be used to create hyperlinks and to provide information required to fill patient orders. To this end, a standard browser would not recognize one of the active guideline tags contemplated by the present invention and would instead simply ignore such a tag when rendering an HTML page. In this regard see the exemplary active guideline tag shown on page 8, lines 20-21 of the present specification and accompanying description at page 8, lines 14-19 that teaches that a standard browser would simply ignore the information within the carets that surround an active guideline tag (i.e., the "Accept" hyperlink would not be displayed by a standard browser). In the case of Appellant's claimed system, the information within the active guideline tag carets (see again lines 20-21 on page 8 of the present specification) is interpreted by the claimed interpreter as an active guideline tag, is used to generate a hyperlink and is also subsequently used, when the hyperlink is selected, to generate an order.

Consistent with the comments above, amended claim 1 requires active guideline tags associated with clinical guidelines where the tags contain information usable by a patient records system to generate orders. In addition claim 1 requires an interpreter that receives the tags and converts the tags into hyperlinks and a browser that receives the hyperlinks and associated tags and that displays the hyperlinks for user selection. When a user invokes one of the hyperlinks, a URL router receives the active guideline tag associated with the invoked hyperlink and creates an action item for implementation by a records system to create an order.

Other ways to generate orders may be to require a user of order generating software to enter all of the information required to generate an order or, providing additional software that can glean at least some of the information required to generate an order from some other database (e.g., a relational database). These two ways of providing order generating information are clearly different than providing order generating information in pre-defined tags that are associated with clinical guidelines that are stored in a guideline server.

Turning to the prior art, none of the cited references teaches or even remotely suggests active guideline tags where each tag contains information usable both (1) to create a hyperlink to be displayed via a standard browser and (2) by a patient records system to generate an order (i.e., each tag is used for both purposes in the independent claims of the present case).

Referring to Gray's Fig. 22, Gray shows that a computer can be used to recommend a procedure where the procedure can be selected by selecting an accept icon 476. However, Gray fails to teach or suggest where the information in Fig. 22 came from, the mechanism by which the information in Fig. 22 is generated and specifically how accept icon 476 is generated.

The normal way to generate an HTML browser page like the one illustrated in Fig. 22 (and in fact the way taught by Gralla) is to provide an HTML page specification that specifies the illustrated table format and selectable icons including accept icon 476, refer to some type of relational database to identify information to be included in the recommendation and then fill in the right hand column table fields with recommendation information as shown. Thus, icon 476 would be specified as part of the HTML page and independent of the specific recommendation information (i.e., independent of any information subsequently needed to create an order associated with the recommendation). In the illustrated example, if a different recommendation were made such as a prescription for a medication (see the 8th option in Fig. 22A), the table and selectable icons including icon 476 shown in Fig. 22 would be presented in the illustrated form but different prescription type information would be placed in the right hand column fields of the table. Thus, according to the normal browser based way of generating the image shown in Fig. 22, icon 476 is not created from information in an active guideline tag where the tag also includes information required to generate an order and instead icon 476 is specified as part of an HTML page or the like.

With respect to Gralla, Appellant agrees with the Examiner that Gralla is combinable with Gray as Gray teaches a browser based system and Gralla generally teaches how browsers operate. However, Gralla, like Gray, fails to teach or suggest

tags that are usable both to create a hyperlink and to retain information needed and used to generate an order.

To this end Gralla teaches that a typical browser works as follows. HTML pages are received by a browser which interprets HTML information and renders text, graphics and on screen selectable hyperlinks. Each of the hyperlinks is associated with an underlying uniform resource locator (URL) which indicates the logical location of another HTML page, a file, or a specific function of an application program. When a hyperlink is selected (e.g., clicked on via a mouse controlled cursor), one of two things occurs. First, if the hyperlink is associated with another HTML page, the underlying URL is used to locate the other HTML page which is then served up via the browser for the user to view. Second, if the hyperlink is associated with a specific function of an application program stored at the URL associated with the hyperlink, the program is located and the function is performed. In some cases selection of a hyperlink can cause a function to be performed and may also cause another HTML page to be served up. For instance, where information is entered via a first HTML page that is to be used to perform a function, after the information is entered and the hyperlink is selected, the information may be sent to the URL associated with the selected hyperlink where an application program function is performed after which results of the function may be inserted into another HTML page and served up the browser user.

In each of the examples of what happens when a hyperlink is selected as described by Gralla above, while a URL associated with the hyperlink is used to identify the location of either another HTML page, a program function to be performed or a program to receive and process user input data, no information in the URL or a tag associated with the hyperlink is used to generate an order. In effect the URL is simply an address and the information therein is not content for creating an order. In the case where a browser user enters some information to be used by a program stored at a URL to perform a process, the information entered is not tag information that existed first in a clinical guidelines server and instead is information that is first provided or

entered by the user. In this scenario a user has to enter information which is clearly different than having a user select a hyperlink associated with predefined information.

Addressing the Examiner's assertion that Gralla teaches an interpreter that receives an active guideline tag and converts the tag to a hyperlink (see page 4, lines 4-5 of the Final Office Action), the assertion is just plain wrong. Gralla fails to teach a tag or any other data construct that includes pre-defined order information and therefore fails to teach an active guideline tag (e.g., an active guideline tag must include information usable to generate an order and a simple predefined URL does not constitute order information).

Thus, Gralla, like Gray, fails to teach or suggest a dual purpose tag that includes information usable to generate a hyperlink and information that is further usable to generate an order.

Turning to Coli, like Gralla and Gray, Coli fails to teach or suggest active guideline tags that include both information for creating a hyperlink and information required to generate an order. In Coli, a browser interface is provided for a user to enter information that defines tests to be performed. The information entered is then transmitted to a processor for processing. Information entered by a user is completely different than pre-defined tag information used to generate or create an order as required by claim 1.

Because none of Gralla, Gray and Coli teach or suggest tags that include order information, even if the references are combined, the references cannot teach or suggest the claim 1 invention (i.e., the prior art reference (or references when combined) must teach or suggest all the claim limitations to establish a *prima facia* case of obviousness. MPEP § 2143).

One other way to think about the difference between the claimed system that requires active guideline tags and standard HTML hyperlink script is to consider a practical result of the claimed system. To this end, in a system that includes active guideline tags like the tags described on pages 5 through 9 of the present application, when a programmer is viewing an HTML page that includes a tag, the programmer can

simply copy an entire tag and paste the tag in another location within the HTML page or on another HTML page to duplicate the tag and the complete functionality associated with the tag. For instance, if one active guideline tag is provided to prescribe that a patient take two aspirin daily (see pages 5 and 6 of the present specification), the programmer may want to specify that prescription for ten different diagnoses. Here, the programmer can simply copy the two aspirin daily active guidelines tag and paste the copied tag adjacent active guideline text within the HTML page for each of the ten diagnoses that are to be associated therewith. Thereafter, when the HTML page is accessed by the claim 1 system that includes the interpreter, each of the ten active guideline tags is recognized by the interpreter and presented as a hyperlink for selection (i.e., ten separately selectable hyperlinks are presented). In the case of each tag related hyperlink, when the link is selected, the tag information is used by the router to generate an associated order.

Turning again to Gray and specifically to Fig. 22 where accept icon 476 is shown, if a programmer were to access the HTML page corresponding to the Fig. 22 image and copy the HTML script association with accept icon 476 and paste that script in another location, it is clear that the order information in the Fig. 22 table would not go along with the script. Thus, while order information is part and parcel to an active guideline tag, Gray's recommendation information is completely separate from the HTML script that generates the on screen selectable icon 476.

With respect to the second distinction (i.e., that none of the cited references teaches or suggests a system that includes an interpreter in addition to a web browser), claim 1 requires, among other things, a viewer including a web browser and a separate active guidelines interpreter wherein the interpreter receives active guideline tags and converts the tags into hyperlinks which are passed on to the web browser and the browser receives the hyperlinks from the interpreter and displays the hyperlinks.

The distinction between the interpreter and the browser is important in the present application. To this end the present specification teaches that a conventional browser and the separate claimed interpreter treat active guidelines tags differently. In

this regard, see page 5, line 24 through page 6, line 16, where it is taught that, on one hand, a conventional browser that does not include an interpreter cannot alone create a hyperlink using an active guideline tag. On the other hand and in contrast to conventional browser software, the claimed interpreter, as the label implies, interprets the tag and creates a hyperlink which can then be displayed by the browser. More specifically see the first and second examples at the bottom of page 5 and the top of page 6 that represent the browser view and the browser with interpreter view of the same active guideline tag, respectively, where the browser view at the bottom of page 5 does not include an "Order" hyperlink while the browser with interpreter view at the top of page 6 includes the "Order" hyperlink. Here, the idea is that some computing systems may be equipped to use the active guideline tags while other systems may not be equipped to use the tags and, where a system is not equipped to use the tags, a conventional browser is still usable to access the clinical guidelines despite the fact that the hyperlinks associated with active guideline tags are not available. Thus, active guideline tags do not render systems that do not have an interpreter useless but instead facilitate significantly enhanced functionality for systems that do include an interpreter.

A practical example is instructive regarding the difference between a system that includes an interpreter in addition to a browser and a system like Gralla and Gray that only includes a standard browser. To this end, first assume that an active guideline tag is provided in an HTML page and is associated with active guideline text that is to appear on a browser. Second, assume that a standard hyperlink script is also specified on the HTML page that, when received by a browser, causes a hypertext phrase to be generated on a browser screen where the phrase is associated with a web address. Here, on one hand, when the claim 1 interpreter receives the HTML page, the interpreter will not recognize the standard hyperlink script and therefore the claim 1 browser will simply receive the script and present the standard hyperlink phrase for selection by a browser user. When the phrase is selected, the browser will retrieve the web page at the specified address.

On the other hand, when the claim 1 interpreter receives the active guideline tag, the interpreter recognizes the tag as an active guideline tag, creates a hyperlink and provides the hyperlink to the browser for display. When the browser displays the hyperlink, the tag information needed to place an order associated with the hyperlink is still associated therewith so that when the link is selected, the order information is sent to the URL router to create an order.

In the case where a browser does not include an interpreter, when the browser receives the HTML page described above (i.e., the page including an active guideline tag and a standard hyperlink script), the browser will treat the standard hyperlink script the same way as the system that includes the interpreter. That is, when the browser receives the standard hyperlink script, the browser will present the standard hyperlink phrase for selection by a browser user. When the phrase is selected, the browser will retrieve the web page at the specified address. However, in contrast to the system that includes the claimed interpreter, when the browser that does not include an interpreter receives the active guideline tag, the browser will not be able to recognize the tag as an active guideline tag (i.e., the interpreter, not the browser, recognizes the active tag) and therefore the browser will ignore the tag completely and no evidence of the tag will appear on the displayed browser page.

Therefore, as taught by the present specification, an active guideline tag is not interpretable by a conventional browser and an interpreter is required to interpret the tag and generate a hyperlink which may then be displayed by a browser. Here, it should be appreciated that one particularly powerful result of the claimed invention is that the resulting system can operate easily as an extension to a standalone browser without the browser needing to be pre-configured to work with the system. In other words, because of its architecture and the link-interception concept, the claimed system works on any computer with any web browser, the user simply needs to add the URL router and the interpreter and the router and interpreter operate to facilitate the order generating abilities regardless of the browser being used.

Turning to the cited prior art, none of the prior art references cited teaches or suggests a system that includes an interpreter as well as a separate browser. To this end, the Examiner only cited Gralla as teaching an interpreter and a browser. Upon a detailed analysis of Gralla it can be seen that the Examiner is wrong in asserting that Gralla teaches both an interpreter and a separate browser and that, instead, Gralla only teaches a conventional browser (i.e., Gralla fails to teach or suggest an interpreter that can interpret an active guideline tag). Consistent with this understanding of Gralla, the Examiner indicates in the most recent Office Action that the browser in Gralla performs the steps of both an interpreter and a conventional browser (see the last subparagraph on page 3 of the most recent Office Action where the Examiner indicates that the web browser is the active guideline interpreter). As described above, a standard browser ignores the active guideline tags that form part of the present invention and therefore Gralla fails to teach or suggest an interpreter in addition to a browser.

Turning to Gray and Coli, neither of those references teaches or suggests a viewer that includes an interpreter that is separate from a browser. Because none of the references cited teaches or suggests an interpreter that is separate from a browser where the interpreter uses active guideline tags to generate a hyperlink which is then provided to the browser for display, when combined, the references cannot possibly teach the claim 1 limitations and Applicant requests that the rejection of claim 1 be withdrawn.

For at least the two reasons above Appellant believes claim 1 and claims that depend there from are distinct over the art cited and requests that the rejections be withdrawn.

Each of claims 14, 17, 19 and 20 include limitations similar to the limitations of claim 1 and Applicant believes that each of claims 14, 17, 19 and 20 and the claims that depend there from are patentable over the cited references for the same reasons that claim 1 is patentable and requests allowance of each of those claims.

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Claims 2 and 15 were rejected under 35 USC § 103(a) as being unpatentable over Gray in view of Gralla and further in view of Coli and further in view of de la Huerga (US patent No. 6,408,330).

Claims 2 and 15 depend from claims 1 and 14, respectively, and therefore Appellant believes that each of those claims are patentable over the cited references and requests that the rejection thereof be withdrawn.

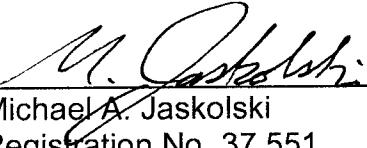
VIII. CONCLUSION

In view of the above, Appellant requests reversal of the final rejection regarding claims 1-5 and 14-20 and a Notice of Allowance.

Respectfully submitted,

Paul C. Tang et al

Dated: September 19, 2007

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APPENDIX A
Claims of Patent Application No. 09/825,969

1. (Previously Presented) In a computerized patient records system operated for a healthcare institution which maintains written clinical guidelines, a method of operating active guidelines comprising the steps of

- a) on an active guidelines server, maintaining the clinical guidelines and also maintaining, associated with the clinical guidelines, active guideline tags containing information usable by the computerized patient records system to generate orders;
- b) at the station of a user, operating an active guidelines viewer in communication with the guidelines server, the active guidelines viewer including a web browser, an active guidelines interpreter and a URL router,
 - i) the active guidelines interpreter receiving the active guidelines tags and converting the active guidelines tags into a-hyperlinks and passing the hyperlinks to the web browser,
 - ii) the web browser receiving and displaying the hyperlink from the active guidelines interpreter for the user representing the active guideline; and
- c) when the user accepts a clinical guideline by invoking a hyperlink, the URL router receiving the active guideline tag associated with the invoked hyperlink and creating an action item from the active guideline tag to be sent to the computerized patient records system for implementation, the action item being processed by the computerized patient record system to create an order.

2. (Previously Presented) The method of claim 1 wherein the order in step (c) is issuing a prescription.

3. (Previously Presented) The method of claim 1 wherein the order in step (c) is for a procedure to be performed.

4. (Original) The method of claim 1 wherein the station of the user communicates with the active guidelines server over the internet.

5. (Previously Presented) The method of claim 4 2 wherein the station of the user communicates with the active guidelines server over the internet.

6-13. (Cancelled)

14. (Previously Presented) In a multiple server computer system to operate an electronic medical records software system and order entry in a healthcare institution, a method comprising the steps of

a) providing an active guidelines server, the active guidelines server maintaining a set of clinical guidelines and a set of active guidelines tags, each of the active guidelines tags being associated with at least one of the clinical guidelines and including information usable by the records system to generate orders;

b) providing a workstation at the location of a clinician, the workstation operating an active guidelines viewer, the active guidelines viewer including a web browser, an active guidelines interpreter and a URL router, the active guidelines interpreter converting the active guidelines tags into a hyperlink with, the web browser displaying for the clinician the hyperlink associated with the clinical guidelines; and

c) when the clinician chooses a hyperlink presented by the web browser, the URL router receiving the active guideline tag associated with the chosen hyperlink and, if the chosen hyperlink is for an active guidelines order, sending a communication to the electronic medical records software system to cause an order to be entered.

15. (Previously Presented) The method of claim 14 wherein the order in step (c) is issuing a prescription.

16. (Previously Presented) The method of claim 14 wherein the order in step (c) is for a procedure to be performed.

17. (Previously Presented) In a multiple server computer system to operate an electronic medical records software system and order entry in a healthcare institution, a method comprising the steps of

a) providing an active guidelines server, the active guidelines server maintaining a set of clinical guidelines and a set of active guidelines tags, each of the active guidelines tags being associated with at least one of the clinical guidelines and including information usable by an electronic medical records system to generate orders;

b) providing a workstation at the location of a clinician, the workstation operating an active guidelines viewer, the active guidelines viewer including a web browser, an active guidelines interpreter and a URL router, the active guidelines interpreter and the URL router providing input to and monitoring output of the web browser, the active guidelines interpreter converting the active guidelines tags into a hyperlink for the web browser, the web browser displaying for the clinician the hyperlink associated with the clinical guideline; and

c) when the clinician chooses a hyperlink presented by the web browser, the URL router receiving the active guideline tag associated with the chosen hyperlink and, if the chosen hyperlink is for an active guidelines order, sending a communication to the electronic medical records software system containing the stored order to cause an order to be entered.

18. (Previously Presented) The method of claim 17 wherein the sending of the communication to the electronic medical records software system includes sending the

communication to an accumulator which accumulates communications for delivery to the electronic medical records software system.

19. (Previously Presented) In a computerized patient records system operated for a healthcare institution which maintains written clinical guidelines, a method of operating active guidelines comprising the steps of:

- a) on an active guidelines server, maintaining the clinical guidelines and also maintaining, associated with the clinical guidelines, active guideline tags containing information usable by the computerized patient records system to generate orders;
- b) at the station of a user, operating an active guidelines viewer in communication with the guidelines server, the active guidelines viewer including a web browser;
- c) an active guidelines interpreter;
- d) a URL router;
- i) the active guidelines interpreter receiving the active guidelines tags and converting the active guidelines tags into hyperlinks and passing the hyperlinks to the web browser,
- ii) the web browser receiving and displaying the hyperlink representing the active guidelines from the active guidelines interpreter for the user representing the active guideline; and
- e) when the user accepts a clinical guideline by invoking a hyperlink, the URL router receiving the active guideline tag associated with the invoked hyperlink and creating an action item from the active guideline tag to be sent to the computerized patient records system for implementation, the action item being processed by the computerized patient record system to create an order.

20. (Previously Presented) In a multiple server computer system to operate an electronic medical records software system and order entry in a healthcare institution, a method comprising the steps of

- a) providing an active guidelines server, the active guidelines server maintaining a set of clinical guidelines and a set of active guidelines tags, each of the active guidelines tags being associated with at least one of the clinical guidelines and including information usable by an electronic medical records system to generate orders;
- b) providing a workstation at the location of a clinician, the workstation operating an active guidelines viewer, the active guidelines viewer including a web browser;
- c) an active guidelines interpreter; and
- d) a URL router, the active guidelines interpreter and the URL router providing input to and monitoring output of the web browser, the active guidelines interpreter converting the active guidelines tags into a hyperlink for the web browser, the web browser displaying for the clinician the hyperlink associated with the clinical guideline; and
- e) when the clinician chooses a hyperlink presented by the web browser, the URL router receiving the active guideline tag associated with the chosen hyperlink and, if the chosen hyperlink is for an active guidelines order, sending a communication to the electronic medical records software system containing the stored order to cause an order to be entered.

APPENDIX B
EVIDENCE

There is no evidence, other than the documents cited in the final Office Action.

APPENDIX C

RELATED PROCEEDINGS

There are no decisions in related proceedings.